

03500.015319



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
: Examiner: D. Singh  
NOBUO TSUCHIYA )  
: Group Art Unit: 2633  
Application No.: 09/839,140 )  
:  
Filed: April 23, 2001 )  
:  
For: OPTICAL SIGNAL RECEIVER )  
AND OPTICAL SPACE )  
TRANSMISSION SYSTEM ) October 6, 2004

**RECEIVED**  
OCT 08 2004  
**Technology Center 2600**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Official Action mailed July 13, 2004, the Examiner is respectfully requested to consider and enter the following amendments.



In re Application of:

NOBUO TSUCHIYA

Application No.: 09/839,140

Filed: April 23, 2001

For: OPTICAL SIGNAL RECEIVER AND  
OPTICAL SPACE TRANSMISSION  
SYSTEM

Docket No. 03500.015319

Examiner: D. Singh

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THE COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ An additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	58	MINUS	58	= 0	x \$9 \$18	0.00
INDEP. CLAIMS	2	MINUS	3	= 0	x \$44 \$88	0.00
Fee for Multiple Dependent claims \$150°/\$300						0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$\_\_\_\_\_ is enclosed.

☐ Charge \$\_\_\_\_\_ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

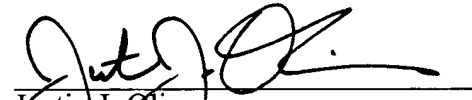
☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$\_\_\_\_\_ to cover the fee for a \_\_\_\_\_ month extension is enclosed.

☐ A check in the amount of \$\_\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
Justin J. Oliver  
Attorney for Applicant  
Registration No.: 44,986

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30 Rockefeller Plaza  
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